

**Travel Expense Claim****See Instructions and \*Privacy  
Statement on Reverse Side**Pg. 1 of 1

STD. 262 (Rev. 7/2005)

|                                |  |             |   |                    |  |                                  |
|--------------------------------|--|-------------|---|--------------------|--|----------------------------------|
| Claimants Name<br>Chris Murphy |  |             | SSN or Employee Number *                        |                    | Department<br>Office of Traffic Safety |                                  |
| Position                       |  | CB/ID #     |   | Division or Bureau |  | Index Number                     |
| Residence Address              |  |             | Headquarters Address<br>2208 Kausen Dr. Ste 300 |                    |  | Telephone Number<br>916 509-3030 |
| City<br>Elk Grove              |  | State<br>CA | Zip Code<br>95758                               | City<br>Elk Grove  |  | State<br>CA                      |
|                                |  |             |   | Zip Code<br>95758  |  |                                  |

| (1) Month/Yr<br>May 2009 |      | (3) LOCATION<br>WHERE EXPENSES<br>WERE INCURRED | (4)<br>Lodging | (5) Meals       |       |  | (6)<br>Incide<br>ntals | (7) Transportation       |                     |                                      |                        | (8)<br>BUSINESS<br>EXPENSE | (9) TOTAL<br>EXPENSES<br>FOR DAY |
|--------------------------|------|---|----------------|-----------------|-------|--|------------------------|--------------------------|---------------------|--------------------------------------|------------------------|----------------------------|----------------------------------|
| (2)<br>Date              | Time |   |                | Break -<br>fast | Lunch | O.T., L/T,<br>N/C,<br>Relo. Or<br>Dinner |                        | (A)<br>Cost of<br>Trans. | (B)<br>Type<br>Used | (C)<br>carfare,<br>tolls,<br>parking | (D) Private<br>Car Use |                            |                                  |
|                          |      |   |                |                 |       |  |                        |                          |                     |                                      | Miles                  | Amount                     |                                  |
| 5/4                      |      | Elk Grove to North Highlands                    |                |                 |       |  |                        |                          |                     |                                      | 50                     | 27.50                      | \$27.50                          |
| 5/7                      |      | Elk Grove to West Sac                           |                |                 |       |  |                        |                          |                     |                                      | 32                     | 17.60                      | \$17.60                          |
| 5/13                     |      | Elk Grove to Coronado Island                    |                |                 |       |  |                        | 331.20                   | A                   | 9.00                                 | 50                     | 27.50                      | \$367.70                         |
| 5/19                     |      | Elk Grove to Sac                                |                |                 |       |  |                        |                          |                     | 10.50                                | 27                     | 14.85                      | \$25.35                          |
| 5/20                     |      | Elk Grove to Riverside                          |                |                 |       |  |                        | 281.20                   | A                   | 9.00                                 | 50                     | 27.50                      | \$317.70                         |
| 5/31                     |      | Elk Grove to San Diego                          | 156.47         |                 |       |  |                        | 290.20                   | A                   |                                      | 25                     | 13.75                      | \$460.42                         |
|                          |      |   |                |                 |       |  |                        |                          |                     |                                      |                        | 0.00                       | \$0.00                           |
|                          |      |   |                |                 |       |  |                        |                          |                     |                                      |                        | 0.00                       | \$0.00                           |
|                          |      |   |                |                 |       |  |                        |                          |                     |                                      |                        | 0.00                       | \$0.00                           |
|                          |      |   |                |                 |       |  |                        |                          |                     |                                      |                        | 0.00                       | \$0.00                           |
|                          |      |   |                |                 |       |  |                        |                          |                     |                                      |                        | 0.00                       | \$0.00                           |
|                          |      |   |                |                 |       |  |                        |                          |                     |                                      |                        | 0.00                       | \$0.00                           |
|                          |      |   |                |                 |       |  |                        |                          |                     |                                      |                        | 0.00                       | \$0.00                           |
|                          |      |   |                |                 |       |  |                        |                          |                     |                                      |                        | 0.00                       | \$0.00                           |
|                          |      |   |                |                 |       |  |                        |                          |                     |                                      |                        | 0.00                       | \$0.00                           |

**(10) SUBTOTALS**

156.47

0.00

0.00

0.00

0.00

902.60

28.50

234

128.70

0.00

COLUMN CODE (ACCTG. USE ONLY)

**CLAIM TOTAL**

\$1,216.27

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)  
 5/4- Motorcycle Safety Awareness Kick off Media Event 5/7- CHP Annual Officer Memorial 5/13- Traffic Safety Presentation on the Naval Base 5/19- Meet w/OCIO to review online grants management system 5/20- Riverside County DUI AVOID/MADD Awards for law enforcement 5/31- 6/1- Vehicular Homicide Seminar

**(12) NORMAL WORK HOURS**

08:00 - 17:00

**(13) PRIVATE VEHICLE LICENSE****(14) MILEAGE RATE CLAIMED**

\$0.550

**AGENCY ACCOUNTING OFFICE USE  
ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement fo the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum reate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)

DATE